



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

BENEFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**

Filing Fee: \$50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.**

1. Entity ID No.		2. Exact name of the Corporation			
3. Principal office address		City	State		Zip
4. Business Phone No.		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island					
7. LIST ALL OFFICERS & DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Benefit Officer (if applicable)			Benefit Director (if applicable)		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		

<input type="checkbox"/> Check if stock is publicly traded. This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

INSTRUCTIONS FOR FILING

A BENEFIT CORPORATION ANNUAL REPORT – Form 633

To avoid possible delays, please read all instructions carefully before completing the report.

All sections, including the signature and date, must be completed; otherwise, the report will be returned to you. To file this report online using Visa, MasterCard, or American Express, visit www.sos.ri.gov/business and simply click “Annual Reports” under the **File Online** column. Make checks payable to the Rhode Island Secretary of State.

FOR IMAGING PURPOSES, THE REPORT MUST BE TYPED OR PRINTED LEGIBLY. The report must be signed and dated. It shall be executed on behalf of the benefit corporation by an authorized representative; or, if the benefit corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the benefit corporation by the receiver or trustee.

Annual Reports are to be filed annually between the first day of January and the first day of March, but in no event should they be submitted for filing more than sixty (60) days prior to the commencement of the filing period. Failure to file the report and filing fee may result in revocation of the Certificate of Incorporation or the Certificate of Authority.

An annual report must be filed even though the corporation may not be actively engaged in business at the time the report is due. Should you wish to dissolve or withdraw the corporation, please contact this office for the proper procedure.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

Pursuant to Rhode Island General Law 7-5.3-13, each benefit corporation must also record an Annual Benefit Report Statement. This statement is to be remitted on the earlier of (1) one hundred twenty (120) days following the end of the fiscal year of the benefit corporation or (2) the same time that the benefit corporation delivers any other annual report to its shareholders. A sample form can be found at www.sos.ri.gov/business. There is a \$10 fee to record this statement.

In order to accurately complete this form, please log onto our corporate database at www.sos.ri.gov/business to view your entity summary screen or to obtain a copy of your last annual report filing.

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- Section 1.** List your Rhode Island entity identification number. Please include this number on your check and refer to it in any future correspondence or filings with the Business Services Division.
- Section 2.** List the exact corporate name as it appears on the Articles of Incorporation or latest amendment. If the corporate name has changed, an amendment must be filed with this office. Articles of Amendment forms (Domestic Corporations) or Amended Certificate of Authority forms (Foreign Corporations) can be filed online using Visa, MasterCard, or American Express, visit www.sos.ri.gov/business and simply click “Business Filings” under the **File Online** column or a paper form can be obtained by selecting “Business Forms” under the **Forms** column. Of course, we will provide a hardcopy of the form upon request by calling 401-222-3040.
- Section 3.** Provide the address of the principal office of the corporation.
- Section 4.** Provide the telephone number of the principal office of the corporation.
- Section 5.** List the state or country of incorporation. If the information is incorrect on your entity summary screen, please contact this office.
- Section 6.** Provide a brief statement of the character of business in which the corporation is actually engaged in this state. If the corporation is inactive, this section must still be completed.
- Section 7.** List the names and respective addresses of the officers of the corporation on the form. **Do not leave areas blank.** If the answer is none, write “none.” If additional space is needed, attachments will be accepted. Check the appropriate box on the front of the annual report if submitting an attachment. Attachments must include the identification number of the corporation.
- Section 8.** List the names and respective addresses of the directors of the corporation on the form. **Do not leave areas blank.** If the answer is none, write “none.” If additional space is needed, attachments will be accepted. Check the appropriate box on the front of the annual report if submitting an attachment. Attachments must include the identification number of the corporation.
- Section 9.** The corporation’s exact number of authorized shares is of record in this office and can be found on the entity summary screen. If there has been a change in the authorized shares of a domestic corporation, Articles of Amendment must be filed. If there has been a change in the authorized shares of a foreign corporation, contact our office at 401-222-3040 for filing instructions.
- Section 10.** Provide the number of issued shares along with the class, series and par value on the form. **Do not leave this area blank.** If the answer is none, write “none.”